

**SCHOOL APPLYING FOR:** SAT AM / SAT PM / WED SCHOOL / BABY BEATS (PLEASE CIRCLE)

Registration

**PLEASE COMPLETE IN BLOCK CAPITALS**



Pupils Name: ..... MALE / FEMALE

Parents Names: .....

Address: .....

Postcode: ..... Date of Birth: ..... / ..... / .....

Home Tel No: ..... Mothers Mobile No: .....

Pupils Mobile No: ..... Fathers mobile No: .....

Parents Occupations: ..... Work Tel No: .....

Email Address: .....

Emergency Contact Name: .....

Emergency Contact No: .....

Academic School name/address: .....

.....

Is there any medical condition or other circumstance you would like to make us aware of:

.....

Hobbies: .....

Previous experience (if applicable): .....

.....

Would your child like to be considered by Scream Management: YES / NO

Is he/she a member of another agency: YES / NO

Please enclose 2 passport photographs (name printed on reverse) and a copy of your child's birth Certificate.

I ..... being the parent/guardian of ..... (Full Name) declare that the information above is correct and I would like to register my child at **Scream Theatre School**.

**I also agree to all of the enclosed terms and conditions of Scream Theatre Schools.**

RELATIONSHIP TO CHILD: .....

SIGNED: ..... DATE: .....

**For Office use only**

Date of Issue: ..... Date of Return: ..... Assessment Date: ..... Start Date: .....